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Under the Paperwor	respond to a collection of information unless it displays a valid OMB control numbe							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known Application Number 10/501,238-Conf. #5260				
				Application Number		October 21, 2004		
FEE TRANSMITTAL				Filing Date First Named Inventor		Ana CHUDZINSKI-TAVASSI		
For FY 2007				Examiner Name		M. P. Allen		
Applicant claims small entity status. See 37 CFR 1.27				4047				
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			7 tit Olik		5433-0101PU			
				Attorney Docket No. 5405 51011				PROTECTION OF THE PROTECTION O
METHOD OF PAY	MENT (check a	ili that apply)			•		lka tot y	
Check C	redit Card	Money Order	No	ne Other	(please ide	ntify):		
X Deposit Account	Deposit Account No	umber: <u>02-2448</u> [Deposit Acc	ount Name:	Birch, S	tewart, Kolasch	& Birch, I	LLP
For the above	-identified depos	it account, the D	irector is	hereby authorize	ed to: (che	eck all that apply)		
x Charge	fee(s) indicated	below		Charg	je fee(s) ii	ndicated below, e	xcept for t	he filing fee
	any additional fe under 37 CFR 1.1		ments o	x Credit	any over	payments		
FEE CALCULATION	ON							
1. BASIC FILING, SE	•		ES		,			
	FIL	ING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMI	NATION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$		Fee (\$)	Small Entity Fee (\$)	Fees !	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FI	EES							Small Entity
<u>Fee Description</u> Each claim over 20 (including Reissues)							Fee (\$) 50	Fee (\$) 25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent cl	laims	-					360	180
Total Claims	Extra Claims	Fee (\$)	Fee F	aid (\$)	<u>N</u>	lultiple Depende	nt Claims	
_ =	x	=			<u>F</u>	ee (\$) F	ee Paid (<u>6)</u>
HP = highest number of to	otal claims paid for, i	f greater than 20.						
Indep. Claims	Extra Claims x	Fee (\$)	Fee F	aid (\$)				
HP = highest number of ir	·	aid for, if greater that	n 3.					
3. APPLICATION SIZ If the specification a listings under 37	nd drawings exc							0
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Total Sheets	Extra Sheets	Number o	of each a	dditional 50 or frac	tion there	of Fee (\$)	Fee !	Paid (\$)
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4. OTHER FEE(S) Non-English Speci	ification, \$130	fee (no small ent	tity disco	ount)			Fees	Paid (\$)
Other (e.g., late file			•	•	ird mont	h	1,0	20.00
SUBMITTED BY						· · · · · · · · · · · · · · · · · · ·		
Signature	4N-	90	Ī	Registration No. (Attorney/Agent)	36,623	Telephone	(858) 350	6-5959
Name (Print/Type) Mark	J. Nuell			······································	· · · · · · · · · · · · · · · · · · ·	Date	July 9,	2007
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	long with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filir	ng
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Dated: July 9, 2007	Signature (Christine Willis)	